

Distribution Request Form

Date _____

Legislative Session _____

This is to request that my organization be placed on the House Printshop's distribution list.

Organization

Address

Phone

Fax

Contact Person

Title

- ☐ Box: Only orders of the Day, Referral Sheets, and Hearing Notices
(Specific bills may be requested at the distribution desk)
- ☐ Set: Orders of the Day, Referral Sheets, Hearing Notices, and ALL
bills

Please return this form to:

*Ms. Patricia Mau-Shimizu, Chief Clerk
House of Representatives
State Capitol, Room 027
Honolulu, HI 96813
Telephone No.: 586-6400
Fax No.: 586-6401*